


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P12788</b> 1. Entity Name AMERICAN MARINE HOLDINGS, INC.	
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Principal Place of Business 1520 S. SUNCOAST BLVD. HOMOSASSA, FL 32646 US	Mailing Address P.O. BOX 987 TALLEVAST, FL 34270-0987 US
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01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2745631	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  THE PRENTICE HALL CORP. SYSTEM INC 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000145061 05/03/04-86003-008-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANIERI, LEWIS A. 50 CHARLES LINDBERGH BLVD, STE 500 UNIONDALE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLESSER, HOWARD 7110 21ST ST E SARASOTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, KENDRICK R III ONE ROCKEFELLER PLAZA NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KIMMEL, LEE H 499 PARK AVENUE, 22ND FLOOR NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATWOOD, DANIEL R 1520 SO SUNCOAST BOULEVARD HOMOSASSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, MIKE 7110 21ST ST E SARASOTA, FL

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/28/04 941-255-7790 <small>Date Daytime Phone #</small>
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